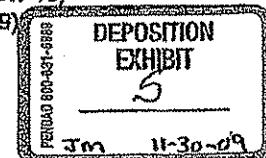


STATE OF IOWA
APPLICATION FOR PERMIT TO CARRY WEAPONS
TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

Professional Permit (WP1)
 Nonprofessional Permit (WP2)

Peace Officer Permit (WP7)
 Reserve Peace Officer Permit (WP10)
 Correctional Officer Permit (WPG)

New Application
 Renewal - Permit Number 143925



Firearms Safety Training Certification Number or Peace Officer Certification Date 74976

Attach copy of WPO Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Willie Chiod A
(last) (first) (middle)

Phone # (

Other Names Ever Used (aliases) _____

Residence 1001 10th Street
(street) (City) Des Moines (State) IA (Zip) 50309

Social Security No _____ County of Residence _____

Birthdate 10/10/1961 Age 27 Sex M Hgt 5'11" Wgt 210 Hair Bl Eyes H

Authorization for Release - Weapon Permit Applications

I, Willie Chiod A, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 708 (except sections 708.1 and 708.7) and chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that a person who gives a false name or presents false identification, or otherwise knowingly gives false material information on this application commits a class "D" felony (section 724.10 or 724.21).

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature Willie Chiod A
CFN 595-1162 WPS Rev. 8/88

Date 8-31-09

WEBER 171

5:08-cv-04093-MWB/ Plt. Ex. 5/ (1)

All of the following questions must be answered:

Yes No

<input type="checkbox"/>	<input checked="" type="checkbox"/>	1. Have you ever been convicted of a felony?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, fire fighter or health care provider?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Have you ever been convicted of the misdemeanor crime of hazing?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	7. Have you ever been convicted of the misdemeanor crime of stalking?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	8. Are you addicted to the use of alcohol or any controlled substance?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Do you have a history of repeated acts of violence?
<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: *None*

STATEMENT OF JUSTIFICATION

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

Hunting and Target shooting

Applicant Signature *John W. Head*

Date *8-31-00*

EMPLOYER AUTHORIZATION

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name _____ Telephone _____

Employer Address _____

Employer Signature _____ Date _____

ISSUING OFFICER

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application: Approved : Disapproved Date _____

Reason Disapproved: _____

Signature *Ed Hawley Jr.* Sheriff of _____ County, Iowa

Commissioner of the Iowa Department of Public Safety

New Fee \$ _____ Renewal Fee \$ _____ Peace Officer/Correctional Officer - No Fee

WEBER 172

STATE OF IOWA
APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

Professional Permit (WP1)
 Nonprofessional Permit (WP2)
 Peace Officer Permit (WP7)
 Reserve Peace Officer Permit (WP10)
 Correctional Officer Permit (WP9)

New Application
 Renewal - Permit Number _____

Firearms Safety Training Certification Number or Peace Officer Certification Date _____

Attach copy of WP0 Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Rick Stark _____
(last) (first) (middle) _____
Phone # _____

Other Names Ever Used (aliases) _____

Residence _____
(street) _____ (city) _____ (state) _____ (zip) _____

Social Security No. (optional) or DL # _____ County of Residence Osceola _____

Birthdate _____ Age 31 Sex M Hgt 5'11 Wgt 185 Hair Bl Eye GR

Authorization for Release - Weapon Permit Applications

I, Rick Stark, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release, authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand the issuing officer is permitted to request my social security number (SSN) on this permit application pursuant to Iowa Code section 724.10 for permits to carry. I further understand that I am not required to provide it. The SSN, if provided voluntarily, may be used in the background investigation to assist in accurate identification. The permit application forms and the permits are public records, and if I provide my SSN, it will become part of that public record and may be disclosed upon request. I will be required to provide my driver license (DL) or Iowa ID number if I do not provide my SSN.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature _____
WP5 Rev. 01/2001

Date 6/6/01

WEBER 463

All of the following questions must be answered:**Yes No**

1. Have you ever been convicted of a felony?

2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?

3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?

4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, fire fighter or health care provider?

5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?

6. Have you ever been convicted of the misdemeanor crime of hazing?

7. Have you ever been convicted of the misdemeanor crime of stalking?

8. Are you addicted to the use of alcohol or any controlled substance?

9. Do you have a history of repeated acts of violence?

10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: _____

11. Are you a citizen of the United States? If not, provide country of birth and alien registration number:

Country of birth: _____ Alien registration number: _____

STATEMENT OF JUSTIFICATION**TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT**

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

Applicant Signature _____ Date _____

EMPLOYER AUTHORIZATION

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name _____ Telephone _____

Employer Address _____

Employer Signature _____ Date _____

ISSUING OFFICER**MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY**Application: Approved Disapproved Date _____

Reason Disapproved: _____

Signature Ed Harbans Sheriff of _____ County, Iowa Commissioner of the Iowa Department of Public Safety New Fee \$ _____ Renewal Fee \$ _____ Peace Officer/Correctional Officer - No Fee

WEBER 464

STATE OF IOWA

APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

Professional Permit (WP1)
 Nonprofessional Permit (WP2)

Peace Officer Permit (WP7)
 Reserve Peace Officer Permit (WP10)
 Correctional Officer Permit (WP9)

New Application

Renewal - Permit Number _____

Firearms Safety Training Certification Number or Peace Officer Certification Date _____

Attach copy of WPO Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Nelson Donald P. Phone # _____
 (last) (first) (middle)

Other Names Ever Used (aliases) None

Residence _____
 (street) _____ (city) _____ (state) _____ (zip) _____

Social Security No. (optional) or DL _____ County of Residence OsceolaBirthdate _____ Age 72 Sex M Hgt 5'11 Wgt 190 Hair Bl Eyes Bl

Authorization for Release - Weapon Permit Applications

I, _____, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand the issuing officer is permitted to request my social security number (SSN) on this permit application pursuant to Iowa Code section 724.10 for permits to carry. I further understand that I am not required to provide it. The SSN, if provided voluntarily, may be used in the background investigation to assist in accurate identification. The permit application forms and the permits are public records, and if I provide my SSN, it will become part of that public record and may be disclosed upon request. I will be required to provide my driver license (DL) or Iowa ID number if I do not provide my SSN.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature R. Donald P.

WPS Rev. 01/2001

Date 6-26-01

WEDER 474

All of the following questions must be answered:

Yes No

- 1. Have you ever been convicted of a felony?
- 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?
- 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?
- 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, fire fighter or health care provider?
- 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?
- 6. Have you ever been convicted of the misdemeanor crime of hazing?
- 7. Have you ever been convicted of the misdemeanor crime of stalking?
- 8. Are you addicted to the use of alcohol or any controlled substance?
- 9. Do you have a history of repeated acts of violence?
- 10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: _____

11. Are you a citizen of the United States? If not, provide country of birth and alien registration number:

Country of birth: _____ Alien registration number: _____

STATEMENT OF JUSTIFICATION

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

Applicant Signature _____ Date _____

EMPLOYER AUTHORIZATION

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name _____ Telephone _____

Employer Address _____

Employer Signature _____ Date _____

ISSUING OFFICER

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application: Approved Disapproved Date _____

Reason Disapproved: _____

Signature Ed Hartley Sheriff of _____ County, Iowa

Commissioner of the Iowa Department of Public Safety

New Fee \$ _____ Renewal Fee \$ _____ Peace Officer/Correctional Officer - No Fee

WEDER-472

STATE OF IOWA

APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

Professional Permit (WP1) Peace Officer Permit (WP7)
 Nonprofessional Permit (WP2) Reserve Peace Officer Permit (WP10)
 Correctional Officer Permit (WP9)

New Application Renewal - Permit Number _____

Firearms Safety Training Certification Number or Peace Officer Certification Date _____

Attach copy of WPO Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Voss Eric T Phone # _____
(last) (first) (middle)

Other Names Ever Used (aliases) _____

Residence _____
(city) / (state) (zip)

Social Security No. (optional) or DL # _____ County of Residence Osceola

Birthdate 9/3/73 Sex M Hgt 6'1" Wgt 200 Hair Blond Eyes Blue

Authorization for Release - Weapon Permit Applications

I, Eric T. Voss, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand the issuing officer is permitted to request my social security number (SSN) on this permit application pursuant to Iowa Code section 724.10 for permits to carry. I further understand that I am not required to provide it. The SSN, if provided voluntarily, may be used in the background investigation to assist in accurate identification. The permit application forms and the permits are public records, and if I provide my SSN, it will become part of that public record and may be disclosed upon request. I will be required to provide my driver license (DL) or Iowa ID number if I do not provide my SSN.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature Eric T. Voss Date 10/15/01
WP5 Rev. 06/2001

WEBER 633

All of the following questions must be answered:

Yes No

1. Have you ever been convicted of a felony?
2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?
3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?
4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, fire fighter or health care provider?
5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?
6. Have you ever been convicted of the misdemeanor crime of hazing?
7. Have you ever been convicted of the misdemeanor crime of stalking?
8. Are you addicted to the use of alcohol or any controlled substance?
9. Do you have a history of repeated acts of violence?
10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: _____

11. Are you a citizen of the United States? If not, provide country of birth and alien registration number:

Country of birth: _____ Alien registration number: _____

STATEMENT OF JUSTIFICATION

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

Hunting, Target, Personal Protection

Applicant Signature Eric T. Voss Date 10/15/01

EMPLOYER AUTHORIZATION

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name _____ Telephone _____

Employer Address _____

Employer Signature _____ Date _____

ISSUING OFFICER

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

NICS Transaction Number (NTN) _____ Date NTN Received _____

Application: Approved Disapproved Date of Approval/Disapproval _____

Reason Disapproved: _____

Signature Ed Murphy Sheriff of _____ County, Iowa

Commissioner of the Iowa Department of Public Safety

Peace Officer/Correctional Officer - No Fee

New Fee \$ _____

Renewal Fee \$ _____

Peace Officer/Correctional Officer - No Fee

WEBER 534

STATE OF IOWA

APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

Professional Permit (WP1) Peace Officer Permit (WP7)
 Nonprofessional Permit (WP2) Reserve Peace Officer Permit (WP10)
 Correctional Officer Permit (WP9)

New Application Renewal - Permit Number _____

Firearms Safety Training Certification Number or Peace Officer Certification Date _____

Attach copy of WPD Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Koss ARVIE R Phone # xxx-xxxx
(last) (first) (middle)

Other Names Ever Used (aliases) _____

Residence _____
(city) _____ (state) _____ (zip) 447

Social Security No. (optional) or DL # _____ County of Residence Pocahontas

Birthdate 24 Sex M Hgt 6 Wgt 170 Hair S Eyes R

Authorization for Release - Weapon Permit Applications

I, ARVIE Koss, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand the issuing officer is permitted to request my social security number (SSN) on this permit application pursuant to Iowa Code section 724.10 for permits to carry. I further understand that I am not required to provide it. The SSN, if provided voluntarily, may be used in the background investigation to assist in accurate identification. The permit application forms and the permits are public records, and if I provide my SSN, it will become part of that public record and may be disclosed upon request. I will be required to provide my driver license (DL) or Iowa ID number if I do not provide my SSN.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature Arvie Koss
WPS - Rev. 06/2001

Date 10-15-01

WEBER 535

All of the following questions must be answered:

Yes No

- 1. Have you ever been convicted of a felony?
- 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?
- 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?
- 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, fire fighter or health care provider?
- 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?
- 6. Have you ever been convicted of the misdemeanor crime of hazing?
- 7. Have you ever been convicted of the misdemeanor crime of stalking?
- 8. Are you addicted to the use of alcohol or any controlled substance?
- 9. Do you have a history of repeated acts of violence?
- 10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: _____

- 11. Are you a citizen of the United States? If not, provide country of birth and alien registration number:

Country of birth: Costa Rica Alien registration number: _____

STATEMENT OF JUSTIFICATION

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

Hunting & Target Personal Protection

Applicant Signature John Doe

Date 10-15-01

EMPLOYER AUTHORIZATION

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name _____ Telephone _____

Employer Address _____

Employer Signature _____ Date _____

ISSUING OFFICER

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

NICS Transaction Number (NTN) _____ Date NTN Received _____

Application: Approved Disapproved Date of Approval/Disapproval _____

Reason Disapproved: _____

Signature Ed Gandy Jr. Sheriff of _____ County, Iowa

Commissioner of the Iowa Department of Public Safety

Peace Officer/Correctional Officer - No Fee

WEBER 550

New Fee \$ _____ Renewal Fee \$ _____

STATE OF IOWA

APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

Professional Permit (WP1)
 Nonprofessional Permit (WP2)

Peace Officer Permit (WP7)
 Reserve Peace Officer Permit (WP10)
 Correctional Officer Permit (WP9)

New Application
 Renewal - Permit Number 160-976

Firearms Safety Training Certification Number or Peace Officer Certification Date 18147 448-98

Attach copy of WPD Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name WEBER ALLAN RAY Phone #
(last) (first) (middle)

Other Names Ever Used (aliases)

Residence _____
(city) W (state) _____ (zip) _____

Social Security No. (optional) or DL # _____ County of Residence Osceola

Birthdate _____ Age 61 Sex M Hgt 5'11" Wgt 178 Hair Blond Eyes Hazel

Authorization for Release - Weapon Permit Applications

Allan Weber do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand the issuing officer is permitted to request my social security number (SSN) on this permit application pursuant to Iowa Code section 724.10 for permits to carry. I further understand that I am not required to provide it. The SSN, if provided voluntarily, may be used in the background investigation to assist in accurate identification. The permit application forms and the permits are public records, and if I provide my SSN, it will become part of that public record and may be disclosed upon request. I will be required to provide my driver license (DL) or Iowa ID number if I do not provide my SSN.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature Allan R. Weber
WPS-Rev.12/2001

Date 4/2/03

WEBER 1039

5:08-cv-04093-MWB/PIT. Ex. 5/ (1)

All of the following questions must be answered:

Yes No

1. Have you ever been convicted of a felony?
 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?
 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?
 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, fire fighter or health care provider?
 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?
 6. Have you ever been convicted of the misdemeanor crime of hazing?
 7. Have you ever been convicted of the misdemeanor crime of stalking?
 8. Are you addicted to the use of alcohol or any controlled substance?
 9. Do you have a history of repeated acts of violence?
 10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: _____

11. Are you a citizen of the United States? If not, provide country of birth and alien registration number:

Country of birth: _____ Alien registration number: _____

STATEMENT OF JUSTIFICATION

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

*I make business deposits to bank -
occasionally buy sporting weapon*

Applicant Signature

Alfrey F. Weber

Date 4/2/03

EMPLOYER AUTHORIZATION

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name _____ Telephone _____

Employer Address _____

Employer Signature _____ Date _____

ISSUING OFFICER

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application: Approved Disapproved Date _____

Reason Disapproved: _____

Signature *S. D. Gardner* Sheriff of _____ County, Iowa

Commissioner of the Iowa Department of Public Safety

New Fee \$ _____ Renewal Fee \$ _____ Peace Officer/Correctional Officer - No Fee

WEBER 1040

5:08-cv-04093-MWB/Pit. Ex. 5/ (12)

STATE OF IOWA

APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

Professional Permit (WP1)
 Nonprofessional Permit (WP2)

Peace Officer Permit (WP7)
 Reserve Peace Officer Permit (WP10)
 Correctional Officer Permit (WP9)

New Application
 Renewal - Permit Number 178638

Firearms Safety Training Certification Number or Peace Officer Certification Date

Attach copy of WPD Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Holmes Scott Rodney Phone # 1
 (last) (first) (middle)

Other Names Ever Used (aliases)

Residence 1000 1/2 10th City Osceola State Iowa Zip 50264Social Security No. (optional) or DL 000-00-0000 County of Residence OsceolaBirthdate 10/10/1958 Age 58 Sex M Hgt 71" Wgt 185 Hair Brown Eyes Brown

Authorization for Release - Weapon Permit Applications

I, Scott Rodney Holmes, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

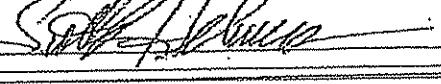
I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand the issuing officer is permitted to request my social security number (SSN) on this permit application pursuant to Iowa Code section 724.10 for permits to carry. I further understand that I am not required to provide it. The SSN, if provided voluntarily, may be used in the background investigation to assist in accurate identification. The permit application forms and the permits are public records, and if I provide my SSN, it will become part of that public record and may be disclosed upon request. I will be required to provide my driver license (DL) or Iowa ID number if I do not provide my SSN.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature 

WP5-Rev. 12/2001

Date March 7, 2004

WEBER 1300

All of the following questions must be answered:

Yes No

- 1. Have you ever been convicted of a felony?
- 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?
- 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?
- 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, fire fighter or health care provider?
- 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?
- 6. Have you ever been convicted of the misdemeanor crime of hazing?
- 7. Have you ever been convicted of the misdemeanor crime of stalking?
- 8. Are you addicted to the use of alcohol or any controlled substance?
- 9. Do you have a history of repeated acts of violence?
- 10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: _____

11. Are you a citizen of the United States? If not, provide country of birth and alien registration number:

Country of birth: _____ Alien registration number: _____

STATEMENT OF JUSTIFICATION

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

Applicant Signature _____ Date _____

EMPLOYER AUTHORIZATION

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name _____ Telephone _____

Employer Address _____

Employer Signature _____ Date _____

ISSUING OFFICER

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application: Approved Disapproved Date _____

Reason Disapproved: _____

Signature _____ Sheriff of _____ County, Iowa

Commissioner of the Iowa Department of Public Safety

New Fee \$ _____ Renewal Fee \$ _____ Peace Officer/Correctional Officer - No Fee

WEBER 1301

5:08-cv-04093-MWB/PIT. Ex. 57 (14)

STATE OF IOWA

APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

Professional Permit (WP1)
 Nonprofessional Permit (WP2)

Peace Officer Permit (WP7)
 Reserve Peace Officer Permit (WP10)
 Correctional Officer Permit (WP9)

New Application
 Renewal - Permit Number 160 849

Firearms Safety Training Certification Number or Peace Officer Certification Date 7/19/10

Attach copy of WPD Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Stanton, Rick Alan Phone # (
(last) (first) (middle)

Other Names Ever Used (aliases) _____

Residence Kearney (city) _____ (state) _____ (zip) _____

Social Security No. (optional) or DL # _____ County of Residence Osceola _____

Birthdate _____ Age 33 Sex M Hgt 5-10 Wgt 180 Hair Br Eyes Brown

Authorization for Release - Weapon Permit Applications

I, Rick Stanton, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand the issuing officer is permitted to request my social security number (SSN) on this permit application pursuant to Iowa Code section 724.10 for permits to carry. I further understand that I am not required to provide it. The SSN, if provided voluntarily, may be used in the background investigation to assist in accurate identification. The permit application forms and the permits are public records, and if I provide my SSN, it will become part of that public record and may be disclosed upon request. I will be required to provide my driver license (DL) or Iowa ID number if I do not provide my SSN.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature Rick Stanton

WPS Rev. 12/2001

Date 3-12-04

WEBER 1318

5:08-cv-04093-MWB/PIT. Ex. 5/ (15)

All of the following questions must be answered:

Yes No

1. Have you ever been convicted of a felony?

2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?

3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?

4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, fire fighter or health care provider?

5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?

6. Have you ever been convicted of the misdemeanor crime of hazing?

7. Have you ever been convicted of the misdemeanor crime of stalking?

8. Are you addicted to the use of alcohol or any controlled substance?

9. Do you have a history of repeated acts of violence?

10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: _____

11. Are you a citizen of the United States? If not, provide country of birth and alien registration number:

Country of birth: _____ Alien registration number: _____

STATEMENT OF JUSTIFICATION

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

Hunbury

Applicant Signature

Date 3-12-04

EMPLOYER AUTHORIZATION

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described identification for issuance as being an employment requirement.

Employer Name _____ **Telephone** _____

Employer Address _____

Employer Signature _____ **Date** _____

ISSUING OFFICER

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application: Approved Disapproved Date: _____

Reason Disapproved: _____

Digitized by srujanika@gmail.com

Signature _____ Sheriff of _____ County, Iowa
 Commissioner of the Iowa Department of Public Safety

New Fee \$ _____ Renewal Fee \$ _____ Commissioner of the Iowa Department of Public Safety
 Peace Officer/Correctional Officer - No Fee

New Fee \$ _____ Renewal Fee \$ _____ Peace Officer/Correctional Officer - No Fee

STATE OF IOWA
APPLICATION FOR PERMIT TO CARRY WEAPONS
TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

Professional Permit (WP1)
 Nonprofessional Permit (WP2)

Peace Officer Permit (WP7)
 Reserve Peace Officer Permit (WP10)
 Correctional Officer Permit (WP9)

New Application
 Renewal - Permit Number 74855-178620

Firearms Safety Training Certification Number or Peace Officer Certification Date 74855

Attach copy of WPO Firearms Safety Training Program Certificates of Completion (except certified peace officer)

Name Christiansen Ben C. Phone # 1
(last) (first) (middle)

Other Names Ever Used (aliases)

Residence 112 111 111 (city) (state) (zip) 9

Driver License or Non-Operator ID# 135619 County of Residence Des Moines

Birhdate 10/10/1965 Age 46 Sex M Hgt 6-3 Wgt 210 Hair Brown Eyes Hazel

Authorization for Release - Weapon Permit Applications

I, Ben Christiansen, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The Intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release of authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature Ben Christiansen
WP5 Rev. 02/2003

Date 2-18-05

Christiansen 2-18-05
MICS 5-18-05

All of the following questions must be answered:

Yes No

- 1. Have you ever been convicted of a felony?
- 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?
- 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?
- 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, [jailer, correctional officer, fire fighter or health care provider?
- 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?
- 6. Have you ever been convicted of the misdemeanor crime of hazing?
- 7. Have you ever been convicted of the misdemeanor crime of stalking?
- 8. Are you addicted to the use of alcohol or any controlled substance?
- 9. Do you have a history of repeated acts of violence?
- 10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: _____

11. Are you a citizen of the United States? If not, provide country of citizenship and alien registration number: Country of citizenship: _____ Alien registration number: _____

STATEMENT OF JUSTIFICATION

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

Applicant Signature _____ Date _____

EMPLOYER AUTHORIZATION

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name _____ Telephone _____

Employer Address _____

Employer Signature _____ Date _____

ISSUING OFFICER

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application: Approved Disapproved Date 02-19-05

Reason Disapproved: _____

Signature Douglas Rukel Sheriff of Osceola County, Iowa
 Commissioner of the Iowa Department of Public Safety
 New Fee \$ _____ Renewal Fee \$ _____ Peace Officer/Correctional Officer - No Fee

WEBER 1578

5:08-cv-04093-MWB/ PTC Ex. 5/ (18)

STATE OF IOWA

APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

Professional Permit (WP1)
 Nonprofessional Permit (WP2)

Peace Officer Permit (WP7)
 Reserve Peace Officer Permit (WP10)
 Correctional Officer Permit (WP9)

New Application
 Renewal - Permit Number _____

Firearms Safety Training Certification Number or Peace Officer Certification Date _____

Attach copy of WPD Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Kruger, Henry A. Phone # _____
(last) (first) (middle)

Other Names Ever Used (aliases) None

Residence 1000 1/2 10th (city) _____ (state) _____ (zip) _____

Driver License or Non-Operator ID# _____ County of Residence OSceola

Birthdate 11/11/1951 Sex M Hgt 5-11 Wgt 210 Hair B Eyes B

Authorization for Release - Weapon Permit Applications

I, Henry A. Kruger, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature
WP5 Rev. 02/2003

Date 2-21-06

J 64

5:08-cv-04093-MWB/PIT. EX. 5/ (19)

WEBER 1850

All of the following questions must be answered:

Yes No

1. Have you ever been convicted of a felony?
2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?
3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?
4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, jailer, correctional officer, fire fighter or health care provider?
5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?
6. Have you ever been convicted of the misdemeanor crime of hazing?
7. Have you ever been convicted of the misdemeanor crime of stalking?
8. Are you addicted to the use of alcohol or any controlled substance?
9. Do you have a history of repeated acts of violence?
10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: _____

11. Are you a citizen of the United States? If not, provide country of citizenship and alien registration number: Country of citizenship: USA Alien registration number: _____

STATEMENT OF JUSTIFICATION

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

Target Shooting

Applicant Signature Henry A. Krueger

Date 7-21-08

EMPLOYER AUTHORIZATION

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name _____ Telephone _____

Employer Address _____

Employer Signature _____ Date _____

ISSUING OFFICER

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application: Approved Disapproved Date 07-22-08

Reason Disapproved: _____

Signature Saylor P. Weber Sheriff of Otoe County, Iowa

Sheriff of Otoe County, Iowa County, Iowa

Commissioner of the Iowa Department of Public Safety

Peace Officer/Correctional Officer - No Fee

New Fee \$ _____ Renewal Fee \$ _____

WEBER 1851

STATE OF IOWA
APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

Professional Permit (WP1)
 Nonprofessional Permit (WP2)
 Peace Officer Permit (WP7)
 Reserve Peace Officer Permit (WP10)
 Correctional Officer Permit (WP8)

New Application
 Renewal - Permit Number _____

Firearms Safety Training Certification Number or Peace Officer Certification Date _____

Attach copy of WPD Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Eric Eric Wesfall Phone # _____
(last) (first) (middle)

Other Names Ever Used (aliases) _____

Residence _____
(city) _____
(state) _____
(zip) _____

Driver License or Non-Operator ID# _____ County of Residence Osceola

Birthdate _____ Age 16 Sex M Hgt 5'8" Wgt 210 Hair B&N Eyes BLU

Authorization for Release - Weapon Permit Applications

I, _____, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature Eric Wesfall
WP5 Rev. 02/2003

Date Jan 10 2007

WEBER 2088

All of the following questions must be answered:Yes No

1. Have you ever been convicted of a felony?
2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?
3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?
4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, jailer, correctional officer, fire fighter or health care provider?
5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?
6. Have you ever been convicted of the misdemeanor crime of hazing?
7. Have you ever been convicted of the misdemeanor crime of stalking?
8. Are you addicted to the use of alcohol or any controlled substance?
9. Do you have a history of repeated acts of violence?
10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: _____

11. Are you a citizen of the United States? If not, provide country of citizenship and alien registration number: Country of citizenship: _____ Alien registration number: _____

STATEMENT OF JUSTIFICATION

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

Applicant Signature John WeberDate Jan 10 2007**EMPLOYER AUTHORIZATION**

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name _____ Telephone _____

Employer Address _____

Employer Signature _____ Date _____

ISSUING OFFICER

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application: Approved Disapproved Date 01/10/07

Reason Disapproved: _____

Signature Douglas Weber Sheriff of Adams County, Iowa
 Commissioner of the Iowa Department of Public Safety
 Peace Officer/Correctional Officer - No Fee

New Fee \$ _____ Renewal Fee \$ _____

WEBER 2009

STATE OF IOWA
APPLICATION FOR PERMIT TO CARRY WEAPONS
TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

Professional Permit (WP1)
 Nonprofessional Permit (WP2)

Peace Officer Permit (WP7)
 Reserve Peace Officer Permit (WP10)
 Correctional Officer Permit (WP9)

New Application
 Renewal - Permit Number _____

Firearms Safety Training Certification Number or Peace Officer Certification Date _____

Attach copy of WPO Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Kohn Debra Ann Phone # _____
(last) (first) (middle)

Other Names Ever Used (aliases) _____

Residence _____
(city) _____
(state) _____
(zip) _____

Driver License or Non-Operator ID# _____ County of Residence Osceola

Birthdate _____ Age 47 Sex F Hgt 5'7" Wgt 290 Hair brown Eyes Blue

Authorization for Release - Weapon Permit Applications

I, Debra Ann Kohn, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature Debra Ann Kohn
WP5 Rev. 02/2003

Date 1/25/07

OK
NIC

WEBER 2115

5:08-cv-04093-MWB/ Pit. Ex. 5/ (23)

All of the following questions must be answered:

Yes No

1. Have you ever been convicted of a felony?

2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?

3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?

4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, jailer, correctional officer, fire fighter or health care provider?

5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?

6. Have you ever been convicted of the misdemeanor crime of hazing?

7. Have you ever been convicted of the misdemeanor crime of stalking?

8. Are you addicted to the use of alcohol or any controlled substance?

9. Do you have a history of repeated acts of violence?

10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: _____

11. Are you a citizen of the United States? If not, provide country of citizenship and alien registration number: Country of citizenship: _____ Alien registration number: _____

STATEMENT OF JUSTIFICATION

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

I would like to have this permit mainly for protection of myself, family, home & property if the need would ever arise.

Applicant Signature _____ Date _____

EMPLOYER AUTHORIZATION

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name _____ Telephone _____

Employer Address _____

Employer Signature _____ Date _____

ISSUING OFFICER

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application: Approved Disapproved Date 01-26-07

Reason Disapproved: _____

Signature Donna Bubba Sheriff of Osceola County, Iowa
 Commissioner of the Iowa Department of Public Safety
 New Fee \$ _____ Renewal Fee \$ _____ Peace Officer/Correctional Officer - No Fee

WEBER 2110

STATE OF IOWA
APPLICATION FOR PERMIT TO CARRY WEAPONS
TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

Professional Permit (WP1)
 Nonprofessional Permit (WP2)

Peace Officer Permit (WP7)
 Reserve Peace Officer Permit (WP10)
 Correctional Officer Permit (WP8)

New Application
 Renewal - Permit Number _____

Firearms Safety Training Certification Number or Peace Officer Certification Date _____

Attach copy of WP9 Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Scott Naser Phone # _____
(last) (first) (middle)

Other Names Ever Used (aliases) _____
ST

Residence _____
(city) _____ (state) _____ (zip) _____

Driver License or Non-Operator ID# _____ County of Residence Oscoda

Birthdate _____ Age 40 Sex M Hgt 5'11" Wgt 230 Hair brown Eyes blue

Authorization for Release - Weapon Permit Applications

I, Scott Naser, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature Scott Naser
WP5 Rev. 02/2003

Date 1-26-07

WEBER 2121

All of the following questions must be answered:

Yes No

1. Have you ever been convicted of a felony?

2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?

3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?

4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, jailer, correctional officer, fire fighter or health care provider?

5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?

6. Have you ever been convicted of the misdemeanor crime of hazing?

7. Have you ever been convicted of the misdemeanor crime of stalking?

8. Are you addicted to the use of alcohol or any controlled substance?

9. Do you have a history of repeated acts of violence?

10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: I push my wife a little and she call the cops on me. There was no hitting or anything just a push.

11. Are you a citizen of the United States? If not, provide country of citizenship and alien registration number: Country of citizenship: _____ Alien registration number: _____

STATEMENT OF JUSTIFICATION

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

I would like it for personal protection hunting and mainly protection of my family & property if the event ever occurred.

Applicant Signature Scott PetersDate 1-26-07

EMPLOYER AUTHORIZATION

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name Scott Peters Telephone _____

Employer Address _____

Employer Signature _____ Date _____

ISSUING OFFICER

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application: Approved Disapproved Date 01-26-07

Reason Disapproved: _____

Signature Douglas R. Weller Sheriff of Pocatello County, Iowa

New Fee \$ _____ Renewal Fee \$ _____ Peace Officer/Correctional Officer - No Fee

WEBER 2122

STATE OF IOWA
APPLICATION FOR PERMIT TO CARRY WEAPONS

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

<input type="checkbox"/> Professional Permit (WP1)	<input type="checkbox"/> Peace Officer Permit (WP7)
<input type="checkbox"/> Nonprofessional Permit (WP2)	<input type="checkbox"/> Reserve Peace Officer Permit (WP10)
	<input type="checkbox"/> Correctional Officer Permit (WP9)

New Application
 Renewal - Permit Number 68080

Firearms Safety Training Certification Number or Peace Officer Certification Date 68080

Attach copy of WPS Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Grady Dan Lee Phone # (last) (first) (middle)

Other Names Ever Used (aliases)

Residence _____
(city) _____ (state) _____ (zip) _____

Driver License or Non-Operator ID# _____ County of Residence _____ *Osceola*

Birthdate Age 51 Sex M Hgt 5' Wt 190 Hair BLK Eyes BLK

Authorization for Release - Weapon Permit Applications

I, _____, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing officer.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On file" will be valid from this date and shall expire in one year.

Applicant Signature
WP5 Rev. 02/2003

Date 4-2-07

All of the following questions must be answered:

Yes No

- 1. Have you ever been convicted of a felony?
- 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?
- 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?
- 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, jailer, correctional officer, fire fighter or health care provider?
- 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?
- 6. Have you ever been convicted of the misdemeanor crime of hazing?
- 7. Have you ever been convicted of the misdemeanor crime of stalking?
- 8. Are you addicted to the use of alcohol or any controlled substance?
- 9. Do you have a history of repeated acts of violence?
- 10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: _____

11. Are you a citizen of the United States? If not, provide country of citizenship and alien registration number: Country of citizenship: _____ Alien registration number: _____

STATEMENT OF JUSTIFICATION

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

Trapping, Hunting, Target

Applicant Signature

Date 4-2-07

EMPLOYER AUTHORIZATION

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name _____ Telephone _____

Employer Address _____

Employer Signature _____ Date _____

ISSUING OFFICER

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application: Approved Disapproved Date 04-03-07

Reason Disapproved: _____

Signature *Douglas Suther* Sheriff of *Pocahontas* County, Iowa

New Fee \$ _____ Renewal Fee \$ _____ Peace Officer/Correctional Officer - No Fee

WEBER 2196

STATE OF IOWA
APPLICATION FOR PERMIT TO CARRY WEAPONS
 TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

<input type="checkbox"/> Professional Permit (WP1)	<input type="checkbox"/> Peace Officer Permit (WP7)
<input checked="" type="checkbox"/> Nonprofessional Permit (WP2)	<input type="checkbox"/> Reserve Peace Officer Permit (WP10)
	<input type="checkbox"/> Correctional Officer Permit (WP9)

New Application
 Renewal - Permit Number 74953

Firearms Safety Training Certification Number or Peace Officer Certification Date 74953

Attach copy of WP8 Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name De Weerd Dean Allen Phone # _____
 (last) (first) (middle)

Other Names Ever Used (aliases) _____

Residence _____
 (city) _____ (state) _____ (zip) _____

Driver License or Non-Operator ID# _____ County of Residence Osceola

Birthdate _____ Age 34 Sex M Hgt 5'8" Wgt 140 Hair Bl Eyes Blu

Authorization for Release - Weapon Permit Applications

I, Dean DeWeerd, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The Intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature Dean DeWeerd Date 10-2-07
 WP5 -Rev. 02/2003

All of the following questions must be answered:

Yes No

- 1. Have you ever been convicted of a felony?
- 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?
- 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?
- 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, jailer, correctional officer, fire fighter or health care provider?
- 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?
- 6. Have you ever been convicted of the misdemeanor crime of hazing?
- 7. Have you ever been convicted of the misdemeanor crime of stalking?
- 8. Are you addicted to the use of alcohol or any controlled substance?
- 9. Do you have a history of repeated acts of violence?
- 10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: _____

11. Are you a citizen of the United States? If not, provide country of citizenship and alien registration number: Country of citizenship: _____ Alien registration number: _____

STATEMENT OF JUSTIFICATION

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

hunting & target

Applicant Signature

Deann Quade

Date 10-2-07

EMPLOYER AUTHORIZATION

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name _____ Telephone _____

Employer Address _____

Employer Signature _____ Date _____

ISSUING OFFICER

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application: Approved Disapproved Date 10-04-07

Reason Disapproved: _____

Signature Douglas Walker Sheriff of Osceola County, Iowa
 New Fee \$ _____ Renewal Fee \$ _____ Commissioner of the Iowa Department of Public Safety
 Peace Officer/Correctional Officer - No Fee

WEBER 2276

STATE OF IOWA
APPLICATION FOR PERMIT TO CARRY WEAPONS
TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

Professional Permit (WP1)
 Nonprofessional Permit (WP2)
 Peace Officer Permit (WP7)
 Reserve Peace Officer Permit (WP10)
 Correctional Officer Permit (WP9)

 New Application
 Renewal - Permit Number _____

Firearms Safety Training Certification Number or Peace Officer Certification Date 74857

Attach copy of WP0 Firearms Safety Training Program Certificate of Completion (except certified peace officer)

Name Robert A. Frey _____
(last) Robert _____
(first) A _____
(middle) 2 _____
Phone # _____

Other Names Ever Used (aliases) _____

Residence 1412 20th _____
(city) Iowa City _____
(state) Iowa _____
(zip) 52240 _____

Driver License or Non-Operator ID# _____ County of Residence Osceola _____

Birthdate _____ Age 58 Sex M Hgt 6'0" Wgt 160 Hair Blonde Eyes Blue

Authorization for Release - Weapon Permit Applications

I, Robert A. Frey, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerk of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature Robert A. Frey
WP5 Rev. 02/2003

Date January 4, 2008

WEBER 2372

5:08-cv-04093-MWB/ Plt. Ex. 5/ (31)

All of the following questions must be answered:

Yes No

- 1. Have you ever been convicted of a felony?
- 2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?
- 3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?
- 4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, jailer, correctional officer, fire fighter or health care provider?
- 5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?
- 6. Have you ever been convicted of the misdemeanor crime of hazing?
- 7. Have you ever been convicted of the misdemeanor crime of stalking?
- 8. Are you addicted to the use of alcohol or any controlled substance?
- 9. Do you have a history of repeated acts of violence?
- 10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: _____

11. Are you a citizen of the United States? If not, provide country of citizenship and alien registration number: Country of citizenship: _____ Alien registration number: _____

STATEMENT OF JUSTIFICATION

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

Self Protection

Applicant Signature R. Clark Pea

Date January 4, 2008

EMPLOYER AUTHORIZATION

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name _____ Telephone _____

Employer Address _____

Employer Signature _____ Date _____

ISSUING OFFICER

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application: Approved Disapproved Date 01-04-08

Reason Disapproved: _____

Signature D. Pea Sheriff of Benton County, Iowa
 New Fee \$ _____ Renewal Fee \$ _____ Peace Officer/Correctional Officer - No Fee

WEBER 2373

STATE OF IOWA
APPLICATION FOR PERMIT TO CARRY WEAPONS
TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

Professional Permit (WP1)
 Nonprofessional Permit (WP2)
 Peace Officer Permit (WP7)
 Reserve Peace Officer Permit (WP10)
 Correctional Officer Permit (WP9)
 New Application
 Renewal - Permit Number NTN 1043-6748

~~Arms~~ Safety Training Certification Number or Peace Officer Certification Date 68076

~~Arms~~ Copy of WP0 Firearm Safety Training Program Certificate of Completion (except certified peace officer)

name Schrein Duane Allen Phone #
(last) (first) (middle)

Other Names Ever Used (aliases)

Residence Osceola
(city) Iowa (state) Iowa (zip)

Driver License or Non-Operator ID# _____ County of Residence Osceola

Birthdate 5/21/62 Age 52 Sex M Hgt 5'10 Wgt 217 Hair BLD Eyes blue

Authorization for Release - Weapon Permit Applications

I, Duane Schrein, do hereby authorize a review and full disclosure of all records concerning myself, as required by Iowa Code chapter 724, to any duly authorized agent of an Iowa sheriff or the Commissioner of the Iowa Department of Public Safety, whether the said records are of a public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of records of psychiatric treatment, substance abuse treatment, consultation and/or court ordered involuntary hospitalization including hospitals, clinics, private practitioners, the U.S. Veteran's Administration and clerks of court, as necessary to verify that I meet the requirements of the state of Iowa and the United States for the acquisition and possession of a firearm, and shall not be disseminated for any other purpose.

I understand that any information obtained which is developed directly or indirectly, in whole or part, upon this release authorization will be considered in determining my suitability for obtaining a permit to carry or acquire weapons in the state of Iowa. I also certify that any person(s) who may furnish such information concerning me shall not be held accountable for providing accurate information, and I do hereby release said person(s) from any and all liability which may be incurred as a result of furnishing such information.

I understand that the information contained in these records will be used for no purpose other than those stated above, and will be kept strictly confidential by the office of the issuing official.

I understand that I may be convicted of a class "D" felony pursuant to Iowa Code section 724.10 if I make a false statement of material fact on this application.

I understand that all information provided on this application is considered public record and may be disclosed upon request.

This "Signature On File" will be valid from this date and shall expire in one year.

Applicant Signature Duane Schrein
WP5 Rev. 02/2003

Date 3-4-08

WEBER 2440

All of the following questions must be answered:

Yes No

1. Have you ever been convicted of a felony?
2. Have you ever been convicted of the misdemeanor crime of domestic abuse assault?
3. Have you ever been convicted of the misdemeanor crime of assault in violation of individual rights (hate crime)?
4. Have you ever been convicted of the misdemeanor crime of assault on a peace officer, jailer, correctional officer, fire fighter or health care provider?
5. Have you ever been convicted of the misdemeanor crime of setting a spring gun or trap?
6. Have you ever been convicted of the misdemeanor crime of hazing?
7. Have you ever been convicted of the misdemeanor crime of stalking?
8. Are you addicted to the use of alcohol or any controlled substance?
9. Do you have a history of repeated acts of violence?
10. Have you ever been adjudged mentally incompetent?

If you answered yes to any of the above, please explain: _____

11. Are you a citizen of the United States? If not, provide country of citizenship and alien registration number: Country of citizenship: Osceola Alien registration number: _____

STATEMENT OF JUSTIFICATION

TYPE OR PRINT IN INK - MUST BE COMPLETED BY APPLICANT

This statement is to contain clear and convincing evidence that this applicant may be required to use deadly force to protect his/her life or the life of another. The issuing officer may accept or reject this application for a permit to carry based on this narrative and other considerations.

Trapping and Target Shooting

Applicant Signature Dean Johnson

Date 3-4-08

EMPLOYER AUTHORIZATION

This section is to be completed by the employer of an applicant for a professional permit to carry weapons. This authorization affirms the above described justification for issuance as being an employment requirement.

Employer Name _____ Telephone _____

Employer Address _____

Employer Signature _____ Date _____

ISSUING OFFICER

MUST BE COMPLETED BY SHERIFF OR COMMISSIONER OF PUBLIC SAFETY

Application: Approved Disapproved Date 03-04-08

Reason Disapproved: _____

Signature Douglas Weber Sheriff of Pocatello County, Iowa
 New Fee \$ _____ Renewal Fee \$ _____ Commissioner of the Iowa Department of Public Safety
 Peace Officer/Correctional Officer - No Fee

WEBER 2441

5:08-cv-04093-MWB/ Plt. Ex. 5/ (34)